

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



I represent claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 930)

RECEIVED Complete If Known

Application Number	09/912,233	APR 09 2003
Filing Date	July 25, 2001	
First Named Inventor	TREMONT et al.	
Examiner Name	Brenda L. Coleman	TECH CENTER 600/2900
Art Unit	1624	
Attorney Docket No.	061765.00195 (3356/01/US)	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number

19-0733

Deposit Account Name

Banner & Witcoff

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	** = 0	X _____	= 0
Independent Claims	** = 0	X _____	= 0

Multiple Dependent X _____ = 0

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	930
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,300	2453	650	Petition to revive – unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 930)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Ajay Pathak	Registration No. Attorney/Agent	38,266	Telephone	202-824-3187
Signature				Date	April 2, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form.

Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231



PATENT DESIGN B&W Ref. 061765,00195 Date 6/24/02
 HAND CARRY Group/Section _____ Bldg _____ Rm _____
 Serial/Patent No. 091912233 Atty/Sec AP/PW
 Inventor TREMONT ET AL Client PHARMACIA
 Title NOVEL 1,4-BENZOTHEPINE AND 1,5-BENZOTHEPINE COMPOUNDS AS INHIBITORS OF APICAL SODIUM CO-DEPENDENT BILE ACID TRANSPORT
 The following has been received in the U.S. Patent and Trademark Office on the date stamped hereon:
 total pp Spec., including : # of Claims _____ Sequence Listing : Diskette Paper
 (# of independent claims _____) : Abstract Amendment Response : OA add _____
 Drawings : Formal Informal Petition for Extension of Time until _____
 # of distinct sheets _____ : Figs. _____ CPA RCE w/Ext of Time : OA add _____
 Declaration/Power of Attorney : Executed Unexecuted Request for Approval of Drawing Changes
 Assignment w/PTO Cover Sheet Notice of Appeal & Fee
 IDS w/PTO 1449 References w/Fee Brief : Appeal & Fee Reply
 Preliminary Amendment Request for Oral Hearing
 Priority Claim (Foreign or U.S. Provisional) B&W # _____ Issue Fee Advance Patent Copies (# ordered _____)
 Notice of Allowance add _____
 w/Foreign Priority Document(s) Amendment under 37 CFR 1.312
 Application : CIP Continuation Divisional Transmittal Fee Transmittal w/Memo to Charge Deposit Acct.
 Parent Ser. No. _____ B&W# _____ Certificate of Mailing
 U.S. Provisional _____ pp Spec/Claims: Cover Sheet Check # _____
 Response to Missing Parts/Requirements add _____ for \$ _____
 Response to Notice to File Corrected Appln. Papers add _____
 Request for Expedited Foreign Filing License 19
 Request for Corrected : Filing Receipt Assignment
 Response to Restriction/Election Requirement



COPY



COPY

<input checked="" type="checkbox"/> PATENT <input type="checkbox"/> DESIGN	B&W Ref. <u>061765,00195</u>	Date <u>10/25/01</u>
<input type="checkbox"/> HAND CARRY	Group/Section <u>233</u>	Bldg _____ Rm _____
Serial/Patent No. <u>09/1912 233</u>	Atty/Sec. <u>ART PW</u>	Client <u>PHARMACIA</u>
Inventor <u>TREMONT ET AL.</u>	Title <u>NOVEL 1,4-BENZOTHIAZEPINE AND 1,5-BENZOTHIAZEPINE COMPOUNDS AS INHIBITORS OF APICAL SODIUM-CO-DEPENDENT BILK ACID TRANSPORT</u>	
<p>The following has been received in the U.S. Patent and Trademark Office on the date stamped hereon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> total pp Spec., including : # of Claims _____ (# of independent claims _____); <input type="checkbox"/> Abstract <input type="checkbox"/> Drawings : <input type="checkbox"/> Formal <input type="checkbox"/> Informal # of distinct sheets _____ : Figs. _____ <input type="checkbox"/> Declaration/Power of Attorney : <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted <input type="checkbox"/> Assignment w/PTO Cover Sheet <input checked="" type="checkbox"/> IDS w/PTO 1449 <input checked="" type="checkbox"/> References <input type="checkbox"/> w/Fee <input type="checkbox"/> Preliminary Amendment <u>10 BINDERS</u> <input type="checkbox"/> Priority Claim (Foreign or U.S. Provisional. B&W # _____) 		
Country _____	Appl. # _____	Date _____
<input type="checkbox"/> w/Foreign Priority Document(s)		
<input type="checkbox"/> Application : <input type="checkbox"/> CIP <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional		
Parent Ser. No. _____	B&W# _____	
U.S. Provisional _____	pp Spec/Claims; Cover Sheet	
Response to Missing Parts/Requirements dtd _____		
Response to Notice to File Corrected Appl. Papers dtd _____		
Request for Expedited Foreign Filing License		
Request for Corrected : <input type="checkbox"/> Filing Receipt <input type="checkbox"/> Assignment		
Response to Restriction/Election Requirement		

